Date completed:
_____PRSP
_____RGN

AMERICAN UNIVERSITY
WASHINGTON, DC

College of Arts and Sciences Nondegree Student Information

This form is for new nondegree and visiting students only.
If you have applied to American University or registered previously for courses, do not fill this out unless you need to indicate a change of name or address.
Employees of American University should use their assigned ID number.

STUDENT INFORMATION

Please type or print.

Social Security Number (used as your applicant ID)/AU Student ID Number | Date of Birth (M/D/Y)

Name (First, Middle Initial, Last) | Gender ☐ Male ☐ Female

Resident Status (Required) ☐ US Citizen ☐ Non U.S. Citizen ☐ Permanent Resident | Visa Type *(Circle one)* F1 J1 B1 B2 G4 H1 A1 A2 | Citizenship

Optional Biographic Information: As an equal opportunity/affirmative action institution, AU asks that you answer the follow optional questions. Please identify yourself according to these ethnic groups. Check all that apply:

☐ Black/African American ☐ Native American (Indian/Eskimo) ☐ Caucasian American
☐Hispanic American ☐ Asian/Pacific Islander American ☐ Non US Citizen

ADDRESS

Street (and Apartment Number) | Daytime Phone Number

City/State | Zip Code | E-mail Address | Evening Phone Number

ACADEMIC INFORMATION

Highest degree completed:
☐ High School Diploma ☐Associates Degree ☐ Bachelor's Degree in _____ ☐ Master's/Doctoral Degree

I am a nondegree student because . . .
☐ I am taking courses for job related reasons.
☐ I am taking courses for personal enrichment.
☐ I applied for admission to (degree program) _____and was recommended for nondegree study.
☐ I have applied for admission to (degree program) _____and am awaiting a decision.
☐I am a degree candidate at another school and plan to transfer the credits earned. Current school _____

Do you plan to apply to a degree program at AU? ☐ No ☐Yes When _____ Program _____
Have you been denied admission or been dismissed by AU? ☐ No ☐Yes When _____ Program _____
Have you been suspended or dismissed from another college? ☐No ☐ Yes When _____

SIGNATURE

I understand that I assume academic and financial responsibility for each course for which I register and that course withdrawal and cancellation of charges are governed by the policies printed in the *Schedule of Classes*. I certify that the information provided is complete to the best of my knowledge. I realize that falsification of my academic background is sufficient reason for dismissal.

_____
Signature and Date

Please mail or fax this form to the College of Arts and Sciences along with a completed Course Registration form.

College of Arts and Sciences, American University, Battelle-Tompkins, Room 100, 4400 Massachusetts Avenue, NW
Washington, DC 20016-8012 Phone: 202-885-2453 Fax: 202-885-1085